

Federal Transit Administration
Successes in Enhancing Transit Ridership Awards
2007 Application Form

Name of FTA Grantee Transit Agency: _____

Address: _____

Submitting Official Contact Information (General Manager or CEO):

Name: _____

Title: _____

Phone Number: _____

E-mail Address: _____

Please indicate the area population category in which your agency falls:

Over 1 million in population

Between 200,000 and 1 million

Between 50,000 and 200,000

Under 50,000

Please indicate the category or categories in which the initiative(s) fall(s):

Marketing, advertising, communications

Partnerships with employers, educational institutions, and transit
oriented development

Fare structure or fare media

Service coverage and routes

Operations, service quality, and amenities

Date initiative first implemented at agency¹:

¹ Must have been implemented between CY 2003 and CY 2005 to be eligible for consideration. The opening of a New Start or New Start extension will not be considered for this award program.

Please describe, as specifically as possible, the initiative that resulted in increased transit ridership by at least 5%. (Limited to a maximum of 250 words)

Please describe how this initiative can be implemented at other transit agencies and how it is not unique in its application solely to your agency. (Limited to a maximum of 250 words)

Number of systemwide annual unlinked passenger trips, as reported to the NTD:

2003 _____
2004 _____
2005 _____

Annual percentage change in systemwide unlinked passenger trips due to implementation of this measure or measures

From CY 2003 to CY 2004: _____
From CY 2004 to CY 2005: _____

By signing below, the general manager or chief executive officer hereby certifies that the ridership data provided above, upon which the ridership improvement is based, is accurate and consistent with the same data that have been reported to the National Transit Database for the years claimed. In the case of rural operators (areas under 50,000 in population) where no NTD data were reported for the years 2003 to 2005, the ***general manager or chief executive officer hereby certifies the accuracy of the data submitted in this application.***

Signature _____ Date _____
Name and Title _____

Ridership awards will be made to those agencies demonstrating the best combination of the highest ridership gains and broadest transferability of ridership initiatives to other transit agencies. At least one award will be made for each population category.

Applications must be received by FTA ***no later than November 30, 2006.***

Please submit your application as follows:

Complete this application form, sign, and date it.

Mail or overnight express the application to the following address:

William B. Menczer
FTA Ridership Awards Program, TBP-11
Federal Transit Administration

400 Seventh Street, SW, Room 9310
Washington, DC 20590

If submitting the application by e-mail, then create a PDF file of the application, attach it to an e-mail, and send it to: William.Menczer@dot.gov